SERFF Tracking Number:	*SELX-G127090683*	*State:*	*Arkansas*
Filing Company:	*SENTRY LIFE INSURANCE COMPANY*	*State Tracking Number:*	*48300*
Company Tracking Number:	*AR017960400022*		
TOI:	*H06 Health - Conversion*	*Sub-TOI:*	*H06.000 Health - Conversion*
Product Name:	*Conversions*		
Project Name/Number:	*SSSP Conversion Product /AR017960400022*		

Filing at a Glance

Company: SENTRY LIFE INSURANCE COMPANY

Product Name: Conversions	SERFF Tr Num: SELX-G127090683	State: Arkansas
TOI: H06 Health - Conversion	SERFF Status: Closed-Approved-Closed	State Tr Num: 48300
Sub-TOI: H06.000 Health - Conversion	Co Tr Num: AR017960400022	State Status: Approved-Closed
Filing Type: Form/Rate		Reviewer(s): Rosalind Minor
	Author: SPI SentryInsuranceLH	Disposition Date: 04/21/2011
	Date Submitted: 03/22/2011	Disposition Status: Approved-Closed
Implementation Date Requested: 05/01/2011		Implementation Date:

State Filing Description:

General Information

Project Name: SSSP Conversion Product
Project Number: AR017960400022
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: SPI SentryInsuranceLH
PPACA: Not PPACA-Related
PPACA Notes: null
Filing Description:

SENTRY LIFE INSURANCE COMPANY - NAIC #169-68810
FORM AND RATE FILING - HEALTH CONVERSION POLICY

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: Wisconsin, our state of domicile, did not require a conversion provision be included in the college accident and sickness policy, therefore, a conversion product was not needed in Wisconsin.
Market Type: Individual
Individual Market Type: Individual
Filing Status Changed: 04/21/2011
State Status Changed: 04/21/2011
Created By: SPI SentryInsuranceLH
Corresponding Filing Tracking Number:

SERFF Tracking Number:	*SELX-G127090683*	*State:*	*Arkansas*
Filing Company:	*SENTRY LIFE INSURANCE COMPANY*	*State Tracking Number:*	*48300*
Company Tracking Number:	*AR017960400022*		
TOI:	*H06 Health - Conversion*	*Sub-TOI:*	*H06.000 Health - Conversion*
Product Name:	*Conversions*		
Project Name/Number:	*SSSP Conversion Product /AR017960400022*		

FORM 180-1451 APPLICATION FOR CONVERSION POLICY
FORM 180-1452 LIMITED BENEFITS HEALTH CONVERSION POLICY
FORM 180-1438 CATASTROPHIC HEALTH COVERAGE - AMENDATORY RIDER

The above new forms are submitted for your review and approval.

Form 180-1451 is the Application for Conversion Policy, form 180-1452 is the Limited Benefits Health Conversion Policy, and 180-1438 is a Catastrophic Health Coverage Amendatory Rider. This conversion policy will be used when converting from the Sentry Student Security Plan's (SSSP) College Accident and Health Insurance plan approved by your department May 12, 2010, your department file # 45280 SELX-126561262. The Catastrophic Health Coverage Amendatory Rider may be selected only by those insureds who had catastrophic coverage in effect at the time the SSSP coverage terminated. The Catastrophic Health Coverage Amendatory Rider under the SSSP plan was approved by your department on September 10, 2002.

The bracketed information on page one of the policy is being filed as variable and is self-explanatory.

This plan is a short-term limited duration medical conversion policy designed to be used to meet the requirements of the conversion privilege under the College Accident and Health Insurance plan. Benefits under this policy are the same as the benefits under the student health insurance plan. Optional benefits previously able to be selected by the policyholder are not included. The plan is available to students who have had coverage for at least eight months under the student health insurance plan. Basic medical services are covered, subject to various limitations.

The rates to be used in conjunction with these forms are included.

Instead of using SERFF-direct, we submit SERFF filings through a product called Tracker. There is a glitch in the Tracker system that requires us to enter data into the PPACA and HIPR fields in order to submit certain filings. Please note, if PPACA or HIPR data appears, this data is not accurate and should not be reported. Our Tracker system does not accept a zero in the fields, but zero would be the accurate entries. We apologize for any inconvenience.

We respectfully request your approval.

Thank you.

Company and Contact

Filing Contact Information

Linda Pawlowski, Compliance/Development Linda.Pawlowski@sentry.com

SERFF Tracking Number:	*SELX-G127090683*	*State:*	*Arkansas*
Filing Company:	*SENTRY LIFE INSURANCE COMPANY*	*State Tracking Number:*	*48300*
Company Tracking Number:	*AR017960400022*		
TOI:	*H06 Health - Conversion*	*Sub-TOI:*	*H06.000 Health - Conversion*
Product Name:	*Conversions*		
Project Name/Number:	*SSSP Conversion Product /AR017960400022*		

Specialist
1800 North Point Drive
Stevens Point, WI 54481
715-346-6028 [Phone]
715-346-6044 [FAX]

Filing Company Information

SENTRY LIFE INSURANCE COMPANY	CoCode: 68810	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name:	State ID Number:
(715) 346-6000 ext. [Phone]	FEIN Number: 39-6040276	

Filing Fees

Fee Required?	Yes
Fee Amount:	$100.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
SENTRY LIFE INSURANCE COMPANY	$100.00	03/22/2011	45850939
SENTRY LIFE INSURANCE COMPANY	$100.00	03/22/2011	45860869

SERFF Tracking Number:	*SELX-G127090683*	*State:*	*Arkansas*
Filing Company:	*SENTRY LIFE INSURANCE COMPANY*	*State Tracking Number:*	*48300*
Company Tracking Number:	*AR017960400022*		
TOI:	*H06 Health - Conversion*	*Sub-TOI:*	*H06.000 Health - Conversion*
Product Name:	*Conversions*		
Project Name/Number:	*SSSP Conversion Product /AR017960400022*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/21/2011	04/21/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Rosalind Minor	03/22/2011	03/22/2011	SPI SentryInsuranceLH	04/21/2011	04/21/2011

SERFF Tracking Number:	*SELX-G127090683*	*State:*	*Arkansas*
Filing Company:	*SENTRY LIFE INSURANCE COMPANY*	*State Tracking Number:*	*48300*
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Product Name:	*Conversions*		
Project Name/Number:	*SSSP Conversion Product /AR017960400022*		

Disposition

Disposition Date: 04/21/2011
Implementation Date:
Status: Approved-Closed
HHS Status: Not Reported
State Review: Reviewed by Actuary
Comment:

Company Name:	**Overall % Indicated Change:**	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Written Premium for this Program:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**
SENTRY LIFE INSURANCE COMPANY	%	%	$		$	%	%
	Percent Change Approved:						
	Minimum:	%	**Maximum:**	%	**Weighted Average:**		%

SERFF Tracking Number:	*SELX-G127090683*	*State:*	*Arkansas*
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Product Name:	*Conversions*		
Project Name/Number:	*SSSP Conversion Product /AR017960400022*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Form	Application for Conversion Policy 180-1452	Approved-Closed	Yes
Form	Limited Benefits Health Conversion Policy	Approved-Closed	Yes
Form	Amendatory Rider - Catastrophic Health Coverage	Approved-Closed	Yes
Form	Limited Benefits Health Conversion Outline of Coverage	Approved-Closed	Yes
Rate	AR SSSP Conversion Policy Rates	Approved-Closed	Yes

SERFF Tracking Number:	*SELX-G127090683*	*State:*	*Arkansas*
Filing Company:	*SENTRY LIFE INSURANCE COMPANY*	*State Tracking Number:*	*48300*
Company Tracking Number:	*AR017960400022*		
TOI:	*H06 Health - Conversion*	*Sub-TOI:*	*H06.000 Health - Conversion*
Product Name:	*Conversions*		
Project Name/Number:	*SSSP Conversion Product /AR017960400022*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	03/22/2011
Submitted Date	03/22/2011
Respond By Date	

Dear Linda Pawlowski,

This will acknowledge receipt of the captioned filing.

Objection 1

- Application for Conversion Policy 180-1452, 180-1451 (Form)
- Limited Benefits Health Conversion Policy, 180-1452 (Form)
- Amendatory Rider - Catastrophic Health Coverage, 180-1438 (Form)
- Limited Benefits Health Conversion Outline of Coverage, 180-1457 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is $50.00 per form for a total of $200.00. Please submit an additional $100.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.
Sincerely,
Rosalind Minor

SERFF Tracking Number:	*SELX-G127090683*	*State:*	*Arkansas*
Filing Company:	*SENTRY LIFE INSURANCE COMPANY*	*State Tracking Number:*	*48300*
Company Tracking Number:	*AR017960400022*		
TOI:	*H06 Health - Conversion*	*Sub-TOI:*	*H06.000 Health - Conversion*
Product Name:	*Conversions*		
Project Name/Number:	*SSSP Conversion Product /AR017960400022*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/21/2011
Submitted Date	04/21/2011

Dear Rosalind Minor,

Comments:
This is in response to your objection letter dated March 22, 2011.

Response 1

Comments: We weren't sure if we needed to respond to the objection letter since we sent the additional fees as soon as we received the request for additional funds. To be safe, we're sending this response.

Related Objection 1

Applies To:

- Application for Conversion Policy 180-1452, 180-1451 (Form)
- Limited Benefits Health Conversion Policy, 180-1452 (Form)
- Amendatory Rider - Catastrophic Health Coverage, 180-1438 (Form)
- Limited Benefits Health Conversion Outline of Coverage, 180-1457 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is $50.00 per form for a total of $200.00. Please submit an additional $100.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

SERFF Tracking Number:	*SELX-G127090683*	*State:*	*Arkansas*
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TOI:	*H06 Health - Conversion*	*Sub-TOI:*	*H06.000 Health - Conversion*
Product Name:	*Conversions*		
Project Name/Number:	*SSSP Conversion Product /AR017960400022*		

No Rate/Rule Schedule items changed.

Have a great day.

Sincerely,
SPI SentryInsuranceLH

SERFF Tracking Number:	*SELX-G127090683*	*State:*	*Arkansas*
Filing Company:	*SENTRY LIFE INSURANCE COMPANY*	*State Tracking Number:*	*48300*
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TOI:	*H06 Health - Conversion*	*Sub-TOI:*	*H06.000 Health - Conversion*
Product Name:	*Conversions*		
Project Name/Number:	*SSSP Conversion Product /AR017960400022*		

Form Schedule

Lead Form Number: 180-1452

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/21/2011	180-1451	Application/Enrollment Form	Application for Conversion Policy 180-1452	Initial		50.400	App for Conversion Policy.PDF
Approved-Closed 04/21/2011	180-1452	Policy/Contract/Fraternal Certificate	Limited Benefits Health Conversion Policy	Initial		43.500	AR Conversion Policy.PDF
Approved-Closed 04/21/2011	180-1438	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Amendatory Rider - Catastrophic Health Coverage	Initial		56.300	Cat Rider for Conv Policy.PDF
Approved-Closed 04/21/2011	180-1457	Other	Limited Benefits Health Conversion Outline of Coverage	Initial		40.600	AR Conversion Outline of Coverage .PDF

SENTRY®
LIFE INSURANCE
COMPANY
1800 NORTH POINT DR
STEVENS POINT WI 54481
[1-800-533-7827]

APPLICATION FOR CONVERSION POLICY

I hereby apply to Sentry Life Insurance Company for a Limited Benefits Health Insurance Conversion Policy.

Schedule of Persons To Be Insured

(The spouse and all dependent children from birth to 25 years of age may be insured if they were insured under the Sentry Student Security Plan on the date of conversion.)

Print Full Names LAST NAME	FIRST NAME	MIDDLE INITIAL	Relationship to Applicant	Sex	Birth Date Mo.	Day	Yr.
			Applicant				
			Spouse				
			1ST Child				
			2nd Child				
			3rd Child				
			4th Child				

Home Address of Applicant _____
Number Street City State Zip Code Telephone Number

Benefits: The same Basic Plan Benefits and Major Medical Plan Benefits provided under the Sentry Student Security Plan's College Accident and Health Insurance plan that were in force at the time of conversion are provided in the conversion policy. Optional benefits, which may have been selected by the plan's policyholder, are not available. In addition, the Accidental Death and Dismemberment Benefit and Repatriation Benefit are not available.

What benefit plan are you applying for? ☐ Plan I ☐ Plan II ☐ Plan II Plus Catastrophic Coverage- **You may convert to Plan II only if you were covered under Plan II in the Sentry Student Security Plan at the time coverage terminated. You may select Catastrophic Coverage only if Catastrophic Coverage was in effect at the time coverage terminated.**

Are you now covered under any other hospital, surgical, or medical expense policy or plan, subscriber contract, medical practice or other prepayment plan? ☐ Yes ☐ No If yes, please describe the plan: _____
_____

Premium payments will be $_____ ☐ quarterly or ☐ semi-annually with this application, and in advance thereafter, or ☐ annual.

Date _____/_____/_____ Signature of Applicant _____
Mo. Day Yr.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

PLEASE ATTACH CHECK FOR INITIAL PREMIUM TO THIS APPLICATION MADE PAYABLE TO
180-1451 **SENTRY LIFE INSURANCE COMPANY**

For Company Use Only

Eff. Date: _____

Ends: _____

Insureds	**Initial Premium**
Applicant	$ _____
Spouse	$ _____
1st Child	$ _____
2nd Child	$ _____
3rd Child	$ _____
4th Child	$ _____
Total Premium	$ _____

LIMITED BENEFITS HEALTH CONVERSION POLICY

SENTRY®
LIFE INSURANCE
COMPANY

(A Stock Company)
1800 North Point Drive
Stevens Point, WI 54481
[1-800-533-7827]
(Herein Called The Company)

POLICY SCHEDULE

INSURED: [John Doe]

POLICY NUMBER: [1234]

POLICY EFFECTIVE DATE: [April 1, 2011]

POLICY EXPIRATION DATE: [March 31, 2012]

This Policy takes effect at 12:01 A.M., Standard Time, and terminates at 11:59 P.M., Standard Time, at the address of the Insured on the dates shown above. No premium refunds are payable except when the Insured enters the armed forces of any country. Upon request, a pro-rata refund will be made.

10-DAY RIGHT TO EXAMINE

Please read this policy carefully. If you are not satisfied, you may return it within 10 days after you receive it. You may return it to any of Our offices or to the address above. If you return the policy, the full premium will be returned to you, and the policy will be deemed void.

This policy is a legal contract between the Insured and Sentry Life Insurance Company.

This policy is a ONE-YEAR, NON-RENEWABLE, NON-PARTICIPATING policy.

SECTION A **INSURING PROVISIONS**

1. Eligibility

Eligibility for this policy is explained in the Policy Provision titled Conversion Privilege in the Outline of Coverage provided to the student previously insured under the Student Security Group Insurance Trust's College Accident and Health Insurance policy.

2. Insuring Agreement

Sentry promises to pay the Insured the benefits provided by this policy. The promise is subject to the statements in the application, the payment of premiums and the terms of this policy. Benefits provided by this policy are for an Accident or a Sickness for which a covered charge is incurred while this policy is in force.

3. Effective Date of Coverage

The Policy Effective Date is the effective date for all coverage provided under this policy. The Policy Effective Date is shown on the face page of this policy.

4. Termination Date of Insurance

The insurance of any person insured under this Policy shall terminate on the earliest of the following dates:

A. The end of the period for which premium has been paid unless the renewal premium has been received by the Company prior to or within 30 days of the next period of coverage.
B. The Termination Date of this Policy.
C. The date the Insured enters the armed forces of any country.
D. The date you depart for your Home Country or your country of regular domicile, if that country is other than the United States.

5. Payment of Benefits

Benefits provided for an Accident or a Sickness will be limited to the benefits in effect under this Policy at the time the first charge is incurred for the Accident or Sickness. The charge will be considered incurred on the date the service is performed.

SECTION B **ACCIDENT AND SICKNESS BENEFITS**

1. Basic Plan Benefits

When, as the result of an Accident or Sickness, the Insured incurs Loss within 52 weeks immediately following the date of the Accident or the date of first treatment for Sickness, the Company will pay benefits for the following medical services up to the Basic Plan Maximum Benefit, subject to the limits for the specific medical services listed below, for each Accident or each Sickness, unless specified otherwise. Covered Charges will not exceed the Reasonable and Customary Charges for the services and supplies listed.

Medical Services	**Benefit Limits** **Plan I** **Maximum Benefits**	**Plan II** **Maximum Benefits**
Hospital Room & Board	$ 200 per day	$ 400 per day
All other Hospital Confinement Services	$ 600	$ 1,000
Hospital Out-Patient Services, emergency room, urgent care, after hours care or Free Standing Ambulatory Surgical Center Services (Accident and Out-Patient Surgery only)	$ 300	$ 600
Surgery - 80% of Covered Charges (See Accident and Sickness Limitation #1)	$ 1,000	$ 2,000
Anesthesiologist	25% of specific primary surgical benefit	25% of specific primary surgical benefit
Doctor's nonsurgical treatment Daily Benefit (See Accident and Sickness Limitation #3) The first visit for out-patient treatment of a Sickness is not covered.	$ 300 $ 25	$ 750 $ 50
Out-Patient laboratory tests, x-rays and preventive cancer screening procedures including but not limited to Mammograms and Cytologic Screening (Pap Smears), when ordered or provided by a Doctor in accordance with the standard practice of medicine. (See Accident and Sickness Limitation #7)	$ 150	$ 300
Consultant Doctor Services (See Definition of Consultant Doctor Services)	$ 50	$ 100
Ambulance	$ 100	$ 250
Dentist's treatment of injured Sound Natural Teeth (Accident only)	$ 150	$ 300
Basic Plan Maximum Benefit	**$ 3,000**	**$ 5,000**

Disabled Dependent Children

An insured dependent Child who is unable to work because of a mental or physical handicap may have insurance continued beyond the stated age limit. For this continuation to apply, the Child must be unable to work upon reaching the age limit stated in this Policy. The Child must depend on the Insured for support and maintenance.

Sentry must receive proof of such condition.

The insurance will continue as long as this condition and support continues. However, the insurance may be ended for any reason stated in this Policy except reaching the stated age limit.

Childbirth Benefits

Benefits for Covered Charges incurred for pregnancy and childbirth will be paid on the same basis as Sickness subject to the following:

A. In-patient Hospital coverage for the mother and newborn will be provided for a minimum of 48 hours for a vaginal delivery and 96 hours for a caesarean section.

B. The responsibility for any decision to shorten the in-patient stay to less than provided under A. rests with the Doctor in consultation with:

- the mother; and
- standards such as those of the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists.

C. In the event of discharge as described in B., coverage shall be provided for two post-discharge follow-up visits. The visits must be made by or to a health care provider licensed to provide postpartum care. The visits will be covered under the Major Medical Plan on the same basis as any other Sickness. The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to these visits.

Breast Reconstruction Benefits

Benefits for Covered Charges incurred for Reconstructive Breast Surgery will be paid on the same basis as any other Sickness subject to the following:

A. Coverage for Reconstructive Breast Surgery resulting from a mastectomy on a diseased breast.

B. Coverage for Prosthetic Devices and treatment of physical complications at all stages of the mastectomy including lymphedemas; and Reconstructive Breast Surgery incident to a mastectomy including:

1) All stages of reconstruction of the breast on which the mastectomy has been performed; and

2) Surgery and reconstruction of the other breast to produce symmetry;

in the manner determined by the attending Doctor and Insured to be appropriate.

The Reconstructive Breast Surgery must be due to a mastectomy which was performed while the Insured was covered under this Policy.

For purposes of this Benefit the term Prosthetic Devices means the use of initial and subsequent artificial devices to replace the removed portions of the breast, according to an order of the patient's Doctor.

For purposes of this benefit the term Reconstructive Breast Surgery means a surgical procedure performed on one breast or both breasts following a mastectomy, as determined by the treating Doctor, to reestablish symmetry between the two breasts or alleviate functional impairment caused by the mastectomy. The term Reconstructive Breast Surgery, resulting from a mastectomy of a diseased breast, shall include, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy.

For purposes of this benefit the term Symmetry Between Breasts means approximate equality in size and shape of the nondiseased breast with diseased breast after definitive reconstructive surgery on the diseased breast has been performed.

2. Major Medical Plan Benefits

When the total Basic Plan Maximum Benefit of $3,000 for Plan I or $5,000 for Plan II has been paid by Sentry as a result of a Loss incurred by an Insured for an Accident or a Sickness, Sentry will pay 80% of the Covered Charges, not to exceed the Reasonable and Customary charges, for the Accident or Sickness covered under the Basic Plan Benefits which exceed the Basic Plan Maximum Benefit, up to the Major Medical Plan Maximum Benefit for each Accident or each Sickness. The Loss must occur within 52 weeks immediately following the date of the Accident or the date of the first treatment for Sickness.

Major Medical Out-Patient Diabetes Self-Management Training Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to this section.

Sentry will pay 80% of the charges, not to exceed the Reasonable and Customary charges, for Out-Patient Diabetes Self-Management Training, when medically necessary, for the Insured and/or the Insured's parent, spouse or legal guardian. Sentry will also pay 80% of the charges, not to exceed the Reasonable and Customary charges, for additional Diabetes Out-Patient Self-Management Training, if additional training sessions are needed because the Insured's condition significantly changes or worsens, as determined by the Insured's Doctor. The Out-Patient Diabetes Self-Management Training services must be prescribed by written prescription from a health care professional legally authorized to prescribe such services and provided by an appropriately registered health care professional who has demonstrated expertise in diabetes care, acting within the scope of his or her license.

Major Medical In Vitro Fertilization Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to In Vitro Fertilization Benefits. Benefits will be paid as follows up to the Major Medical Plan Maximum Benefit for Plan I Insureds, not to exceed a lifetime maximum of $15,000, and lifetime maximum of $15,000 for Plan II Insureds.

Sentry will pay 80% of the charges, not to exceed the Reasonable and Customary charges, for out-patient in vitro fertilization procedures if the following requirements are met:

A. The patient is the Insured;

B. The patient's oocytes are fertilized with the patient's spouse's sperm;

C.1. The patient and the patient's spouse have a history of infertility of at least two years duration; or

C.2. The infertility is associated with one or more of the following:

a) Endometriosis;

b) Exposure in utero to diethylstilbestrol, commonly known as DES;

c) Blockage of, or surgical removal of, one or both fallopian tubes (lateral or bilateral salpingectomy) not a result of voluntary sterilization; or

d) Abnormal male factor contributing to the infertility; and

D. The in vitro fertilization procedures are performed at a medical facility, licensed or certified by the Arkansas Department of Health, those performed at a facility certified by the Arkansas Department of Health which conform to the American College of Obstetricians and Gynecologists guidelines for in vitro fertilization clinics, or those which meet the American Fertility Society minimal standards for programs of in vitro fertilization.

E. The patient has been unable to attain a successful pregnancy through any less costly applicable infertility treatments for which coverage is available under this Policy.

In vitro fertilization procedures are limited to three attempts per live birth. These three in vitro fertilization attempts combined will not exceed the Major Medical Plan Maximum Benefit.

Major Medical Child Preventive Health Care Services Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to Child Preventive Health Care Services. Benefits will be paid as follows up to the Major Medical Plan Maximum Benefit.

Sentry will pay 100% of the charges for the Appropriate Immunizations and 80% of all other Child Preventive Health Care Services for a covered dependent Child, from birth to age 18, not to exceed the Reasonable and Customary charges, for 20 periodic visits at approximately the following age intervals:

§ Birth; two weeks; two months; four months; six months; nine months; 12 months; 15 months; 18 months; two years; three years; four years; five years; six years; eight years; ten years; 12 years; 14 years; 16 years; and 18 years.

Child Preventive Health Care Services means Doctor delivered or Doctor supervised periodic preventive visits for covered dependent Children, from birth through age 18, including:

A. Medical history;
B. Physical examination;
C. Developmental assessment;
D. Anticipatory guidance; and
E. Appropriate Immunizations,

in keeping with prevailing medical standards.

Major Medical Dental Anesthesia Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to the Dental Anesthesia Benefit. Benefits will be paid on the same basis as Sickness up to the Major Medical Plan Maximum Benefit.

Benefits will be paid for general anesthesia and associated facility charges, not to exceed the Reasonable and Customary charges, for dental procedures provided in a Hospital or surgical center, when the clinical status or underlying medical condition of the Insured requires dental procedures that ordinarily would not require general anesthesia to be provided in a Hospital or ambulatory surgical center.

This benefit applies only to general anesthesia and associated facility charges for:

§ An Insured who is under seven years of age who is determined by two Dentists to require, without delay, necessary dental treatment in a Hospital or ambulatory surgical center for a significantly complex dental condition;

§ An Insured with a diagnosed serious mental or physical condition; or

§ An Insured with a significant behavioral problem as determined by the Insured's Doctor.

No coverage is provided for any charges for the dental procedure itself, including the professional fee of the dentist.

Major Medical Colorectal Cancer Screening Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to this section. Benefits will be paid as follows, up to the Major Medical Plan Maximum Benefit.

Sentry will pay 80% of the charges, not to exceed the Reasonable and Customary charges, for colorectal cancer screening for:

1. Insureds 50 years of age or over and at normal risk for developing colon cancer; or
2. Insureds under age 50 years of age, who are at high risk for colorectal cancer screening according to the American Cancer Society colorectal screening guidelines; or
3. Insureds that are bleeding from the rectum or have blood in their stool or a change in bowel habits, such as diarrhea, constipation or narrowing of the stool, that lasts more than five days.

Colorectal cancer screening includes:

1. An annual fecal occult blood test utilizing the take home multiple sample or an annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every five years;
2. A double contrast barium enema every five years;
3. A colonoscopy every 10 years; and

4. Any additional medically recognized screening tests for colorectal cancer required by the Director of the Department of Health, determined in consultation with appropriate health care organizations.

If the Insured has one or more neoplastic polyp, adenomatous polyp, assuming that the initial colonoscopy was complete to the cecum and adequate preparation and removal of all visualized polyps, Sentry will pay 80% of the covered charges, not to exceed the Reasonable and Customary charges, for a three year follow-up examination.

If single tubular adenoma of less than one centimeter for Insureds with large sessile adenomas greater than three centimeters, especially if removed in piecemeal fashion, Sentry will pay 80% of the covered charges, not to exceed the Reasonable and Customary charges, for a follow-up examination in six months or until complete polyp removal is verified by colonoscopy.

Major Medical Speech and Hearing Treatment Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to this section. Benefits will be paid as follows, up to the Major Medical Plan Maximum Benefit.

Sentry will pay 80% of the covered charges, not to exceed the Reasonable and Customary charges, for the treatment of loss or impairment of speech or hearing, up to the Major Medical Plan Maximum Benefit.

Major Medical Prostate Cancer Screening Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to this section. Benefits will be paid as follows, up to the Major Medical Plan Maximum Benefit.

Sentry will pay 100% of the covered charges, not to exceed the Reasonable and Customary charges, for the treatment of prostate cancer screening.

The prostate cancer screening will be performed by a qualified medical professional and coverage will be provided for at least one (1) screening per year for any man forty (40) years of age or older according to the most current National Comprehensive Cancer Network guidelines.

If a Doctor recommends that a prostate specific antigen blood test is completed, coverage may not be denied on the grounds that a digital rectal examination was performed and the examination result was negative.

Major Medical Nonsurgical Treatment of Temporomandibular Joint Disorders and Craniomandibular Disorders Benefits

The Major Medical requirement that an Accident or sickness be covered under the Basic Plan Benefits before coverage begins will not apply to Nonsurgical Treatment of Temporomandibular Joint Disorders and Craniomandibular Disorders. Benefits for medically necessary Nonsurgical Treatment of Temporomandibular Joint Disorders and Craniomandibular Disorders, not to exceed the Reasonable and Customary charges, will be paid on the same basis as any other Sickness up to the Major Medical Plan Maximum Benefit. Coverage will be provided for treatment prescribed or administered by a Doctor or dentist.

		Benefit Limits	
		Plan I	**Plan II**
	Major Medical Plan Maximum Benefit	**$ 7,000**	**$ 45,000**
3.	**Policy Maximum Benefit for Each Accident or Sickness** (Basic Plan Benefits plus Major Medical Plan Benefits)	**$10,000**	**$ 50,000**
		Policy Year Maximum Benefits	
		Plan I	**Plan II**
4.	**Additional Benefits**		
	Medical Evacuation	--	**$ 10,000**

SECTION C DEFINITIONS

Accident - Bodily injury, directly caused by specific accidental contact with another body or object which: (1) is unrelated to any Pre-Existing Condition; and (2) causes Loss beginning while insured under this Policy.

Child/Children - Includes an Insured's unmarried: natural children, stepchildren, foster children and legally adopted children or a child placed with the Insured for the purpose of adoption from the moment of birth if the Insured has filed a petition to adopt, if they depend on the Insured for support and maintenance. The coverage of a child placed for adoption ceases upon dismissal or denial of petition for adoption. The Child/Children must reside in the United States.

Complications of Pregnancy - Loss due to any pregnancy which: (1) is complicated by a Sickness; and is (2) subject to the qualification in the definition of Sickness.

Consultant Doctor Services - A one on one consultation with a Doctor for the purpose of obtaining a second opinion regarding the Insured's Accident or Sickness. The Insured must be referred to the Consultant Doctor by their primary Doctor. Consultant Doctor Services does not include Doctor's services for interpretation of diagnostic testing.

Covered Charges – Charges incurred for the Medical Services listed under the Basic Plan Benefits.

Dependent - (1) Children to age 25; and (2) the Insured's spouse.

Doctor - A practitioner of the healing arts, performing within the scope of a license which is issued under the laws of the state of practice. The doctor may not be a member of the Insured's immediate family.

Elective Surgery and Elective Treatment - Surgery or medical treatment which is not necessitated by a pathological change occurring after the Insured's effective date of coverage. Elective surgery includes, but is not limited to: tubal ligation; vasectomy; breast reduction; cosmetic surgery; sexual reassignment surgery; and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered acute purulent sinusitis. Elective treatment includes, but is not limited to: treatment for acne; weight reduction; infertility; learning disabilities; and routine physical examinations, except for physical examinations covered under the Major Medical Child Preventive Health Care Services Benefit.

Experimental Treatment - Treatment not recognized by a majority of Doctors in the United States; received in a facility not recognized as being able to properly perform the treatment; or not considered to be effective for the injury or Sickness. The decision will be based on information and positions developed by the American Medical Association, Federal Drug Administration, Council of Medical Specialty Societies, National Institute of Health, State Medical Associations, or other similar organizations in the United States.

Free Standing Ambulatory Surgical Facility - Any public or private establishment which:

1. Has an organized medical staff;
2. Has permanent facilities that are equipped and operated mainly for the purpose of performing surgical procedures;
3. Provides continuous services of Doctors and registered nurses, whenever a patient is in the facility; and
4. Does not provide services or other accommodations for patients to stay overnight.

Home Country - Your country of origin.

Hospital - A place which meets all of the following requirements:

1. It is licensed as a hospital and operated according to law.
2. It mainly provides diagnosis, treatment and care of injuries and Sickness on an in-patient basis.
3. All services must be under the supervision of a staff Doctor.
4. Twenty-four hour a day nursing service must be performed by registered nurses.
5. It must provide on the premises for major operative surgery or have access to surgical facilities by contract.

Hospital also means a psychiatric hospital as defined by Medicare. It must be eligible to receive payments under Medicare.

A hospital is mainly not:

1. A place for rest;
2. A place for the aged;
3. A place for the treatment of drug addicts or alcoholics; or
4. A nursing home.

Hospital Confined or Hospital Confinement - A stay of 18 or more consecutive hours as a resident bed-patient.

Hospital Out-Patient Services - All Hospital services or supplies; except charges for Doctor services. Charges for Doctors' services are covered under the surgical and Doctor's benefits. Hospital Out-Patient Services include charges by a radiological consultant for the review of the Insured's x-rays when the x-rays are taken at a Hospital.

Insured - Any person insured under this Policy.

Loss- Any medical expense incurred for the treatment of an Accident or Sickness.

Medical Evacuation - Medically necessary transportation from outside your Home Country or country of regular domicile to your Home Country or country of regular domicile.

Mental Disorder - Any mental, emotional, or behavioral disorder which is not caused by an organic disease.

Out-Patient Prescription Drugs - Prescription legend drugs, or compound medication with at least one ingredient being a prescription legend drug, or injectable insulin including disposable insulin needles and syringes, or any other drugs under state or federal law which may be dispensed only with written prescription of a Doctor.

Physiotherapy - Physiotherapy; diathermy; heat treatment; ultrasound treatment; or any form of manipulation or massage.

Pre-Existing Conditions - Any Accident or Sickness which originated, was diagnosed, treated or recommended for treatment before the effective date of coverage under this Policy.

Reasonable and Customary - This Policy will provide benefits for charges only to the extent that the charges are reasonable and are necessary for the service or supplies which are medically necessary.

Sentry will determine if and to what extent the charges for a particular service or supply is medically necessary. In doing so, Sentry will consider:

1. The fees and prices charged; and
2. The treatment provided, the therapeutic practices followed and supplies furnished,

by the majority of Doctors and suppliers in the same area where the services or supplies are provided in treating injury or Sickness comparable in severity, nature and complexity to that in question.

Riot - All forms of violence, disorder, or disturbance of the public peace by three or more persons.

Sickness - Illness, disease, pregnancy, or Mental Disorder which: (1) is first contracted or conceived while covered under this Policy; (2) is unrelated to any Pre-Existing Condition; and which (3) causes Loss beginning while covered under this Policy. Sickness includes trauma-related disorders due to injuries sustained while insured which otherwise do not meet the definition of Accident.

Sound Natural Teeth - The major portion of the individual tooth which is present, regardless of fillings, and is not carious, abscessed, or defective. Sound natural teeth do not include capped teeth.

We, Us, Our, Sentry, Company - Sentry Life Insurance Company

SECTION D ACCIDENT AND SICKNESS LIMITATIONS

1. Sentry will pay 80% of the Covered Charges, not to exceed the Reasonable and Customary charges, for surgical procedures. Surgical benefits include all Doctor charges before and after the surgery. Doctor nonsurgical treatment benefits are not payable for preoperative or postoperative care. Benefits will not exceed the plan benefit limits. Consultant Doctor Services Benefits are paid in addition to surgical benefits.

2. Benefits for Doctor nonsurgical treatment primarily involving Physiotherapy are limited to a maximum of five visits for each Accident or each Sickness.

3. Benefits for Doctor nonsurgical treatment begin with the first visit when Hospital Confined; or for out-patient treatment for an Accident. The first visit for out-patient treatment of a Sickness is not covered. Benefits are limited to one treatment per day.

4. Accident Benefits are paid only if treatment begins within 30 days after the date of the Accident.

5. Benefits for accidental injury to Sound Natural Teeth are payable only if injury comes from outside the mouth. Breaking a tooth while eating is not covered.

6. Hospital Confinement Benefits for Mental Disorders are limited to a maximum of seven days.

7. Each preventive cancer screening procedure is limited to one per consecutive policy year, unless a mammogram is recommended by a Doctor for Insureds having a prior history of breast cancer or whose mother or sister has a prior history of breast cancer. Coverage for screening mammograms will not prejudice coverage for diagnostic mammograms as recommended by the women's Doctor. Benefits will not be paid for the charge of the office visit.

8. Benefits for Out-Patient Diabetes Self-Management Training**,** In Vitro Fertilization, Dental Anesthesia, Colorectal Cancer Screening, Speech and Hearing Treatment, Prostate Cancer Screening and Child Preventive Health Care Services will be paid under the Major Medical Plan only. Benefits for medically necessary Nonsurgical Treatment of Temporomandibular Joint Disorders and Craniomandibular Disorders will be paid under the Major Medical Plan only.

SECTION E ACCIDENT AND SICKNESS EXCLUSIONS

This insurance does not cover:

1. Services provided by: (a) any College or University Student Health Service; or (b) by any person employed or retained by such school.

2. Any Accident resulting from: skydiving; parachuting; hang gliding; glider flying; sail planing and similar methods of air travel; flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled commercial airline flight; or the Insured operating a motor vehicle while not properly licensed in any of the United States or the District of Columbia.

3. Loss caused by war or any act of war; or while in the armed forces of any country.

4. Participation in a Riot or a felony.

5. Intentionally self-inflicted injuries.

6. Any expense payable under any Worker's Compensation; Occupational Disease Law; or similar legislation.

7. Treatment in a Federal Hospital, unless the Insured would be legally required to pay for such treatment.

8. Preventive medicines or vaccines, except antitoxins for an Accident. Preventive medicines or vaccines include immunizations required for school admission. This exclusion does not apply to immunizations provided under the Major Medical Child Preventive Health Care Services Benefit provided by this Policy.

9. Elective Treatment or Elective Surgery, except for necessary cosmetic surgery due to an Accident or Reconstructive Breast Surgery as provided by the Breast Reconstruction Benefits.

10. Dental x-rays and dental treatment except for treatment of accidental injury to Sound Natural Teeth and medically necessary Nonsurgical Treatment of Temporomandibular Joint Disorders and Craniomandibular Disorders.

11. Charges for eyeglasses; contact lenses; eye examinations for the correction of vision; fitting of eyeglasses or contact lenses; vision therapy; or surgical correction of refractive errors.

12. Accident sustained while: (a) participating in any interscholastic, professional or semiprofessional sport, or contest; (b) traveling to or from such sport or contest as a participant; or (c) while participating in any practice or conditioning program for such sport or contest.

13. Treatment of alcoholism, drug abuse or chemical dependency.

14. Pre-Existing Conditions during the first 12 months of coverage under the policy, unless insured under a prior health plan that terminated within the 63 days before coverage under the policy began, then credit will be given for the time an Insured was covered under that prior policy.

15. Out-Patient Prescription Drugs.

16. Experimental Treatment.

17. Treatment in your Home Country or country of regular domicile, if other than the United States.

18. Personal convenience items while Hospital Confined.

19. Elective abortions.

20. Durable medical equipment, except as may be specifically covered under certain provisions of this Policy.

SECTION F **COORDINATION OF BENEFITS**

This will not apply to an Insured who is entitled to benefits under Medicare. Benefits under this Policy will be payable to such Insureds without regard to any other health coverage.

DEFINITIONS

Plan - A plan providing medical or dental benefits or services through:

1. Group insurance coverage or any other arrangement of coverage for persons in a group either on an insured or uninsured basis; or

2. A government program other than Medicare or Medicaid.

This Plan - This Policy.

Allowable Expense - Any necessary, Reasonable and Customary item of expense at least partly covered under one of the Plans involved.

Claimant - The person upon whose expenses the claim is made.

Effects on Benefits - Benefits payable under This Plan may be reduced so that the sum of benefits payable under all Plans does not exceed the total Allowable Expense per Claimant per Policy Year.

This Plan will take precedence over another Plan if:

1. The other Plan has a provision which determines its benefits after This Plan; or

2. The rules stated below require benefits under This Plan to be determined first.

The order in which benefits will be paid is as follows:

1. A Plan covering the Claimant as an Insured will pay before a Plan covering the Claimant as a Dependent.

2. A Plan covering the Claimant as a Dependent of a person whose month and date of birth occur earlier in a calendar year will pay before a Plan covering a Claimant as a Dependent of a person whose month and date of birth occurs later in a calendar year.

A Plan which does not contain the standards described above, but instead has a standard based on the gender of the parent, and the Plans do not agree, the standards based upon the gender of the parent will determine the order of benefits.

In case of divorce or separation, benefits for a dependent Child will be paid as follows:

1. A Plan covering the Child as a Dependent of a single parent with custody will pay before a Plan covering the Child as a Dependent of a parent without custody.

2. A Plan covering the Child as a Dependent of a remarried parent with custody will pay before a Plan covering the Child as a Dependent of a stepparent.

3. A Plan covering the Child as a Dependent of a stepparent will pay before a Plan covering the Child as a Dependent of a parent without custody.

4. A Plan covering the Child as a Dependent of a parent with legally established financial responsibility for the Child's medical and dental care will pay before any Plan covering the Child as a Dependent.

If benefits cannot be determined in the above manner, benefits of a Plan covering the Claimant for the longest period of time will pay first.

To determine the length of time a person has been covered under a plan, two plans shall be treated as one if the Claimant was eligible under the second within 24 hours after the first ended.

The start of a new plan does not include:

1. A change in the amount or scope of a Plan's benefits;

2. A change in the entity which pays, provides or administers the Plan's benefits; or

3. A change from one type of plan to another (such as from a single employer Plan to that of a multiple employer Plan).

The Claimants length of time covered under a plan is measured from the Claimant's first date of coverage under the Plan. If that date is not readily available, the date the Claimant first became a member of the group shall be used as the date from which to determine the length of time the Claimant's coverage under the present Plan has been in force.

This provision may reduce the benefits an Insured would normally receive under This Plan. In this case, only benefits actually paid will be charged against the applicable benefit limit of This Plan.

Right To Receive and Release Necessary Information - Sentry may need to obtain or release information in order to carry out the terms of this provision. This involves only information which is needed for this purpose. The information may be obtained or released without the consent of or notice to any person. The Claimant must give Sentry information needed to carry out this provision.

Facility of Payment - It is possible that another Plan may pay benefits which should have been paid by This Plan. In this case, Sentry has the right to pay that organization the amount needed to satisfy this provision. Any amount paid in this manner will relieve Sentry of liability under This Plan up to the extent of those payments.

Right To Recover - If Sentry pays more than is needed to satisfy this provision, we may recover the excess payment from the organization or individual to whom it was made.

SECTION G **POLICY PROVISIONS**

ENTIRE CONTRACT: CHANGES: This Policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this Policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

NOTICE OF CLAIM: Written notice of injury or of Sickness upon which claim may be based must be given to the Company at its Home Office, Stevens Point, Wisconsin, within 90 days after the occurrence or commencement of any Loss covered by this Policy, or as soon thereafter as is reasonably possible.

Notice given by or on behalf of the Insured or the beneficiary to the Company, at its Home Office, Stevens Point, Wisconsin, or to any authorized agent of the Company, with information sufficient to identify the Insured, shall be deemed notice to the Company.

CLAIM FORMS: The Company, upon receipt of a written notice of claim will furnish to the claimant such forms as are usually furnished by it for filing proofs of Loss. If such forms are not furnished within 15 days after giving of such notice the claimant shall be deemed to have complied with the requirements of this Policy as to proof of Loss upon submitting, within the time fixed in this Policy for filing proofs of Loss, written proof covering the occurrence, the character and the extent of the Loss for which claim is made.

PROOFS OF LOSS: Written proof of Loss must be furnished to the Company at its said Office, in case claim for Loss for which this Policy provides any periodic payment contingent upon continuing Loss, within 90 days after the termination of the period for which the Company is liable and in case of claim for any other Loss within 90 days after the date of such Loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claims if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

TIME OF PAYMENT OF CLAIM: Indemnities payable under this Policy will be paid as they accrue immediately upon receipt of due written proof of such Loss.

PAYMENTS OF CLAIMS: All or a portion of any Medical Expense Benefits provided by this Policy on account of hospital, nursing, surgical or other medical service may, at the Company's option, and unless the Insured requests otherwise in writing not later than the time for filing proof of such Loss, be paid directly to the Hospital or person rendering such services.

PHYSICAL EXAMINATION AND AUTOPSY: The Company at its own expense shall have the right and opportunity to examine the person of any individual whose injury or Sickness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.

LEGAL ACTIONS: No action at law or in equity shall be brought to recover on this Policy prior to the expiration of 60 days after written proof of Loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three years after the written proof of Loss is required to be furnished.

CONFORMITY WITH STATE STATUTES: Any provision of the Master Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statutes.

IN WITNESS WHEREOF, SENTRY LIFE INSURANCE COMPANY has caused this Policy to be signed by its President at Stevens Point, Wisconsin.

President

AMENDATORY RIDER

Policy Number: [1234]

Insured: [John Doe]

Amendatory Rider Effective Date: [April 01, 2011]

This rider takes effect and expires concurrently with the Policy to which it is attached. It is subject to all the provisions, limitations and conditions of the Policy unless specifically changed by this rider.

CATASTROPHIC HEALTH COVERAGE

The Policy is amended as follows:

The Plan II Major Medical Plan Maximum Benefit has been increased to $95,000. The Plan II Policy Maximum Benefit for Each Accident or Sickness has been increased to $100,000.

All other conditions and provisions remain unchanged.

SENTRY LIFE INSURANCE COMPANY

President

ARKANSAS
LIMITED BENEFITS HEALTH CONVERSION COVERAGE

OUTLINE OF COVERAGE

(A Stock Company)
1800 North Point Drive
Stevens Point, WI 54481
[1-800-533-7827]
(Herein Called The Company)

INSURED: [John Doe]

POLICY NUMBER: [1234]

POLICY EFFECTIVE DATE: [April 1, 2011]

POLICY EXPIRATION DATE: [March 31, 2012]

This is NOT A POLICY, rather a brief description of the benefits provided under the Limited Benefits Health Conversion Policy (the policy). Refer to the policy for further details.

The Policy takes effect at 12:01 A.M., Standard Time, and terminates at 11:59 P.M., Standard Time, at the address of the Insured on the dates shown above. No premium refunds are payable except when the Insured enters the armed forces of any country. Upon request, a pro-rata refund will be made.

SECTION A **INSURING PROVISIONS**

1. Eligibility

Eligibility for the policy is explained in the Policy Provision titled Conversion Privilege in the Outline of Coverage provided to the student previously insured under the Student Security Group Insurance Trust's College Accident and Health Insurance policy.

2. Insuring Agreement

Sentry promises to pay the Insured the benefits provided by the policy. The promise is subject to the statements in the application, the payment of premiums and the terms of the policy. Benefits provided by the policy are for an Accident or a Sickness for which a covered charge is incurred while the policy is in force.

3. Effective Date of Coverage

The Policy Effective Date is the effective date for all coverage provided under the policy. The Policy Effective Date is shown on the face page of the policy.

4. Termination Date of Insurance

The insurance of any person insured under the Policy shall terminate on the earliest of the following dates:

A. The end of the period for which premium has been paid unless the renewal premium has been received by the Company prior to or within 30 days of the next period of coverage.
B. The Termination Date of the Policy.
C. The date the Insured enters the armed forces of any country.
D. The date you depart for your Home Country or your country of regular domicile, if that country is other than the United States.

5. Payment of Benefits

Benefits provided for an Accident or a Sickness will be limited to the benefits in effect under the Policy at the time the first charge is incurred for the Accident or Sickness. The charge will be considered incurred on the date the service is performed.

SECTION B **ACCIDENT AND SICKNESS BENEFITS**

1. Basic Plan Benefits

When, as the result of an Accident or Sickness, the Insured incurs Loss within 52 weeks immediately following the date of the Accident or the date of first treatment for Sickness, the Company will pay benefits for the following medical services up to the Basic Plan Maximum Benefit, subject to the limits for the specific medical services listed below, for each Accident or each Sickness, unless specified otherwise. Covered Charges will not exceed the Reasonable and Customary Charges for the services and supplies listed.

	Benefit Limits	
Medical Services	**Plan I**	**Plan II**
	Maximum Benefits	**Maximum Benefits**
Hospital Room & Board	$ 200 per day	$ 400 per day
All other Hospital Confinement Services	$ 600	$ 1,000
Hospital Out-Patient Services, emergency room, urgent care, after hours care or Free Standing Ambulatory Surgical Center Services (Accident and Out-Patient Surgery only)	$ 300	$ 600
Surgery - 80% of Covered Charges (See Accident and Sickness Limitation #1)	$ 1,000	$ 2,000
Anesthesiologist	25% of specific primary surgical benefit	25% of specific primary surgical benefit
Doctor's nonsurgical treatment Daily Benefit (See Accident and Sickness Limitation #3) The first visit for out-patient treatment of a Sickness is not covered.	$ 300 $ 25	$ 750 $ 50
Out-Patient laboratory tests, x-rays and preventive cancer screening procedures including but not limited to Mammograms and Cytologic Screening (Pap Smears), when ordered or provided by a Doctor in accordance with the standard practice of medicine. (See Accident and Sickness Limitation #7)	$ 150	$ 300
Consultant Doctor Services (See Definition of Consultant Doctor Services)	$ 50	$ 100
Ambulance	$ 100	$ 250
Dentist's treatment of injured Sound Natural Teeth (Accident only)	$ 150	$ 300
Basic Plan Maximum Benefit	**$ 3,000**	**$ 5,000**

Disabled Dependent Children

An insured dependent Child who is unable to work because of a mental or physical handicap may have insurance continued beyond the stated age limit. For this continuation to apply, the Child must be unable to work upon reaching the age limit stated in the Policy. The Child must depend on the Insured for support and maintenance.

Sentry must receive proof of such condition.

The insurance will continue as long as this condition and support continues. However, the insurance may be ended for any reason stated in the Policy except reaching the stated age limit.

Childbirth Benefits

Benefits for Covered Charges incurred for pregnancy and childbirth will be paid on the same basis as Sickness subject to the following:

A. In-patient Hospital coverage for the mother and newborn will be provided for a minimum of 48 hours for a vaginal delivery and 96 hours for a caesarean section.

B. The responsibility for any decision to shorten the in-patient stay to less than provided under A. rests with the Doctor in consultation with:

- the mother; and
- standards such as those of the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists.

C. In the event of discharge as described in B., coverage shall be provided for two post-discharge follow-up visits. The visits must be made by or to a health care provider licensed to provide postpartum care. The visits will be covered under the Major Medical Plan on the same basis as any other Sickness. The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to these visits.

Breast Reconstruction Benefits

Benefits for Covered Charges incurred for Reconstructive Breast Surgery will be paid on the same basis as any other Sickness subject to the following:

A. Coverage for Reconstructive Breast Surgery resulting from a mastectomy on a diseased breast.

B. Coverage for Prosthetic Devices and treatment of physical complications at all stages of the mastectomy including lymphedemas; and Reconstructive Breast Surgery incident to a mastectomy including:

1) All stages of reconstruction of the breast on which the mastectomy has been performed; and

2) Surgery and reconstruction of the other breast to produce symmetry;

in the manner determined by the attending Doctor and Insured to be appropriate.

The Reconstructive Breast Surgery must be due to a mastectomy which was performed while the Insured was covered under the Policy.

For purposes of this Benefit the term Prosthetic Devices means the use of initial and subsequent artificial devices to replace the removed portions of the breast, according to an order of the patient's Doctor.

For purposes of this benefit the term Reconstructive Breast Surgery means a surgical procedure performed on one breast or both breasts following a mastectomy, as determined by the treating Doctor, to reestablish symmetry between the two breasts or alleviate functional impairment caused by the mastectomy. The term Reconstructive Breast Surgery, resulting from a mastectomy of a diseased breast, shall include, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy.

For purposes of this benefit the term Symmetry Between Breasts means approximate equality in size and shape of the nondiseased breast with diseased breast after definitive reconstructive surgery on the diseased breast has been performed.

2. Major Medical Plan Benefits

When the total Basic Plan Maximum Benefit of $3,000 for Plan I or $5,000 for Plan II has been paid by Sentry as a result of a Loss incurred by an Insured for an Accident or a Sickness, Sentry will pay 80% of the Covered Charges, not to exceed the Reasonable and Customary charges, for the Accident or Sickness covered under the Basic Plan Benefits which exceed the Basic Plan Maximum Benefit, up to the Major Medical Plan Maximum Benefit for each Accident or each Sickness. The Loss must occur within 52 weeks immediately following the date of the Accident or the date of the first treatment for Sickness.

Major Medical Out-Patient Diabetes Self-Management Training Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to this section.

Sentry will pay 80% of the charges, not to exceed the Reasonable and Customary charges, for Out-Patient Diabetes Self-Management Training, when medically necessary, for the Insured and/or the Insured's parent, spouse or legal guardian. Sentry will also pay 80% of the charges, not to exceed the Reasonable and Customary charges, for additional Diabetes Out-Patient Self-Management Training, if additional training sessions are needed because the Insured's condition significantly changes or worsens, as determined by the Insured's Doctor. The Out-Patient Diabetes Self-Management Training services must be prescribed by written prescription from a health care professional legally authorized to prescribe such services and provided by an appropriately registered health care professional who has demonstrated expertise in diabetes care, acting within the scope of his or her license.

Major Medical In Vitro Fertilization Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to In Vitro Fertilization Benefits. Benefits will be paid as follows up to the Major Medical Plan Maximum Benefit for Plan I Insureds, not to exceed a lifetime maximum of $15,000, and lifetime maximum of $15,000 for Plan II Insureds.

Sentry will pay 80% of the charges, not to exceed the Reasonable and Customary charges, for out-patient in vitro fertilization procedures if the following requirements are met:

A. The patient is the Insured;

B. The patient's oocytes are fertilized with the patient's spouse's sperm;

C.1. The patient and the patient's spouse have a history of infertility of at least two years duration; or

C.2. The infertility is associated with one or more of the following:

a) Endometriosis;

b) Exposure in utero to diethylstilbestrol, commonly known as DES;

c) Blockage of, or surgical removal of, one or both fallopian tubes (lateral or bilateral salpingectomy) not a result of voluntary sterilization; or

d) Abnormal male factor contributing to the infertility; and

D. The in vitro fertilization procedures are performed at a medical facility, licensed or certified by the Arkansas Department of Health, those performed at a facility certified by the Arkansas Department of Health which conform to the American College of Obstetricians and Gynecologists guidelines for in vitro fertilization clinics, or those which meet the American Fertility Society minimal standards for programs of in vitro fertilization.

E. The patient has been unable to attain a successful pregnancy through any less costly applicable infertility treatments for which coverage is available under the Policy.

In vitro fertilization procedures are limited to three attempts per live birth. These three in vitro fertilization attempts combined will not exceed the Major Medical Plan Maximum Benefit.

Major Medical Child Preventive Health Care Services Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to Child Preventive Health Care Services. Benefits will be paid as follows up to the Major Medical Plan Maximum Benefit.

Sentry will pay 100% of the charges for the Appropriate Immunizations and 80% of all other Child Preventive Health Care Services for a covered dependent Child, from birth to age 18, not to exceed the Reasonable and Customary charges, for 20 periodic visits at approximately the following age intervals:

§ Birth; two weeks; two months; four months; six months; nine months; 12 months; 15 months; 18 months; two years; three years; four years; five years; six years; eight years; ten years; 12 years; 14 years; 16 years; and 18 years.

Child Preventive Health Care Services means Doctor delivered or Doctor supervised periodic preventive visits for covered dependent Children, from birth through age 18, including:

A. Medical history;
B. Physical examination;
C. Developmental assessment;
D. Anticipatory guidance; and
E. Appropriate Immunizations,

in keeping with prevailing medical standards.

Major Medical Dental Anesthesia Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to the Dental Anesthesia Benefit. Benefits will be paid on the same basis as Sickness up to the Major Medical Plan Maximum Benefit.

Benefits will be paid for general anesthesia and associated facility charges, not to exceed the Reasonable and Customary charges, for dental procedures provided in a Hospital or surgical center, when the clinical status or underlying medical condition of the Insured requires dental procedures that ordinarily would not require general anesthesia to be provided in a Hospital or ambulatory surgical center.

This benefit applies only to general anesthesia and associated facility charges for:

§ An Insured who is under seven years of age who is determined by two Dentists to require, without delay, necessary dental treatment in a Hospital or ambulatory surgical center for a significantly complex dental condition;

§ An Insured with a diagnosed serious mental or physical condition; or

§ An Insured with a significant behavioral problem as determined by the Insured's Doctor.

No coverage is provided for any charges for the dental procedure itself, including the professional fee of the dentist.

Major Medical Colorectal Cancer Screening Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to this section. Benefits will be paid as follows, up to the Major Medical Plan Maximum Benefit.

Sentry will pay 80% of the charges, not to exceed the Reasonable and Customary charges, for colorectal cancer screening for:

1. Insureds 50 years of age or over and at normal risk for developing colon cancer; or
2. Insureds under age 50 years of age, who are at high risk for colorectal cancer screening according to the American Cancer Society colorectal screening guidelines; or
3. Insureds that are bleeding from the rectum or have blood in their stool or a change in bowel habits, such as diarrhea, constipation or narrowing of the stool, that lasts more than five days.

Colorectal cancer screening includes:

1. An annual fecal occult blood test utilizing the take home multiple sample or an annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every five years;
2. A double contrast barium enema every five years;
3. A colonoscopy every 10 years; and

4. Any additional medically recognized screening tests for colorectal cancer required by the Director of the Department of Health, determined in consultation with appropriate health care organizations.

If the Insured has one or more neoplastic polyp, adenomatous polyp, assuming that the initial colonoscopy was complete to the cecum and adequate preparation and removal of all visualized polyps, Sentry will pay 80% of the covered charges, not to exceed the Reasonable and Customary charges, for a three year follow-up examination.

If single tubular adenoma of less than one centimeter for Insureds with large sessile adenomas greater than three centimeters, especially if removed in piecemeal fashion, Sentry will pay 80% of the covered charges, not to exceed the Reasonable and Customary charges, for a follow-up examination in six months or until complete polyp removal is verified by colonoscopy.

Major Medical Speech and Hearing Treatment Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to this section. Benefits will be paid as follows, up to the Major Medical Plan Maximum Benefit.

Sentry will pay 80% of the covered charges, not to exceed the Reasonable and Customary charges, for the treatment of loss or impairment of speech or hearing, up to the Major Medical Plan Maximum Benefit.

Major Medical Prostate Cancer Screening Benefit

The Major Medical requirement that an Accident or Sickness be covered under the Basic Plan Benefits before coverage begins will not apply to this section. Benefits will be paid as follows, up to the Major Medical Plan Maximum Benefit.

Sentry will pay 100% of the covered charges, not to exceed the Reasonable and Customary charges, for the treatment of prostate cancer screening.

The prostate cancer screening will be performed by a qualified medical professional and coverage will be provided for at least one (1) screening per year for any man forty (40) years of age or older according to the most current National Comprehensive Cancer Network guidelines.

If a Doctor recommends that a prostate specific antigen blood test is completed, coverage may not be denied on the grounds that a digital rectal examination was performed and the examination result was negative.

Major Medical Nonsurgical Treatment of Temporomandibular Joint Disorders and Craniomandibular Disorders Benefits

The Major Medical requirement that an Accident or sickness be covered under the Basic Plan Benefits before coverage begins will not apply to Nonsurgical Treatment of Temporomandibular Joint Disorders and Craniomandibular Disorders. Benefits for medically necessary Nonsurgical Treatment of Temporomandibular Joint Disorders and Craniomandibular Disorders, not to exceed the Reasonable and Customary charges, will be paid on the same basis as any other Sickness up to the Major Medical Plan Maximum Benefit. Coverage will be provided for treatment prescribed or administered by a Doctor or dentist.

		Benefit Limits	
		Plan I	**Plan II**
	Major Medical Plan Maximum Benefit	**$ 7,000**	**$ 45,000**
3.	**Policy Maximum Benefit for Each Accident or Sickness** (Basic Plan Benefits plus Major Medical Plan Benefits)	**$10,000**	**$ 50,000**
		Policy Year Maximum Benefits	
		Plan I	**Plan II**
4.	**Additional Benefits**		
	Medical Evacuation	--	**$ 10,000**

SECTION C DEFINITIONS

Accident - Bodily injury, directly caused by specific accidental contact with another body or object which: (1) is unrelated to any Pre-Existing Condition; and (2) causes Loss beginning while insured under the Policy.

Child/Children - Includes an Insured's unmarried: natural children, stepchildren, foster children and legally adopted children or a child placed with the Insured for the purpose of adoption from the moment of birth if the Insured has filed a petition to adopt, if they depend on the Insured for support and maintenance. The coverage of a child placed for adoption ceases upon dismissal or denial of petition for adoption. The Child/Children must reside in the United States.

Complications of Pregnancy - Loss due to any pregnancy which: (1) is complicated by a Sickness; and is (2) subject to the qualification in the definition of Sickness.

Consultant Doctor Services - A one on one consultation with a Doctor for the purpose of obtaining a second opinion regarding the Insured's Accident or Sickness. The Insured must be referred to the Consultant Doctor by their primary Doctor. Consultant Doctor Services does not include Doctor's services for interpretation of diagnostic testing.

Covered Charges – Charges incurred for the Medical Services listed under the Basic Plan Benefits.

Dependent - (1) Children to age 25; and (2) the Insured's spouse.

Doctor - A practitioner of the healing arts, performing within the scope of a license which is issued under the laws of the state of practice. The doctor may not be a member of the Insured's immediate family.

Elective Surgery and Elective Treatment - Surgery or medical treatment which is not necessitated by a pathological change occurring after the Insured's effective date of coverage. Elective surgery includes, but is not limited to: tubal ligation; vasectomy; breast reduction; cosmetic surgery; sexual reassignment surgery; and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered acute purulent sinusitis. Elective treatment includes, but is not limited to: treatment for acne; weight reduction; infertility; learning disabilities; and routine physical examinations, except for physical examinations covered under the Major Medical Child Preventive Health Care Services Benefit.

Experimental Treatment - Treatment not recognized by a majority of Doctors in the United States; received in a facility not recognized as being able to properly perform the treatment; or not considered to be effective for the injury or Sickness. The decision will be based on information and positions developed by the American Medical Association, Federal Drug Administration, Council of Medical Specialty Societies, National Institute of Health, State Medical Associations, or other similar organizations in the United States.

Free Standing Ambulatory Surgical Facility - Any public or private establishment which:

1. Has an organized medical staff;
2. Has permanent facilities that are equipped and operated mainly for the purpose of performing surgical procedures;
3. Provides continuous services of Doctors and registered nurses, whenever a patient is in the facility; and
4. Does not provide services or other accommodations for patients to stay overnight.

Home Country - Your country of origin.

Hospital - A place which meets all of the following requirements:

1. It is licensed as a hospital and operated according to law.
2. It mainly provides diagnosis, treatment and care of injuries and Sickness on an in-patient basis.
3. All services must be under the supervision of a staff Doctor.
4. Twenty-four hour a day nursing service must be performed by registered nurses.
5. It must provide on the premises for major operative surgery or have access to surgical facilities by contract.

Hospital also means a psychiatric hospital as defined by Medicare. It must be eligible to receive payments under Medicare.

A hospital is mainly not:

1. A place for rest;
2. A place for the aged;
3. A place for the treatment of drug addicts or alcoholics; or
4. A nursing home.

Hospital Confined or Hospital Confinement - A stay of 18 or more consecutive hours as a resident bed-patient.

Hospital Out-Patient Services - All Hospital services or supplies; except charges for Doctor services. Charges for Doctors' services are covered under the surgical and Doctor's benefits. Hospital Out-Patient Services include charges by a radiological consultant for the review of the Insured's x-rays when the x-rays are taken at a Hospital.

Insured - Any person insured under the Policy.

Loss- Any medical expense incurred for the treatment of an Accident or Sickness.

Medical Evacuation - Medically necessary transportation from outside your Home Country or country of regular domicile to your Home Country or country of regular domicile.

Mental Disorder - Any mental, emotional, or behavioral disorder which is not caused by an organic disease.

Out-Patient Prescription Drugs - Prescription legend drugs, or compound medication with at least one ingredient being a prescription legend drug, or injectable insulin including disposable insulin needles and syringes, or any other drugs under state or federal law which may be dispensed only with written prescription of a Doctor.

Physiotherapy - Physiotherapy; diathermy; heat treatment; ultrasound treatment; or any form of manipulation or massage.

Pre-Existing Conditions - Any Accident or Sickness which originated, was diagnosed, treated or recommended for treatment before the effective date of coverage under the Policy.

Reasonable and Customary – The Policy will provide benefits for charges only to the extent that the charges are reasonable and are necessary for the service or supplies which are medically necessary.

Sentry will determine if and to what extent the charges for a particular service or supply is medically necessary. In doing so, Sentry will consider:

1. The fees and prices charged; and
2. The treatment provided, the therapeutic practices followed and supplies furnished,

by the majority of Doctors and suppliers in the same area where the services or supplies are provided in treating injury or Sickness comparable in severity, nature and complexity to that in question.

Riot - All forms of violence, disorder, or disturbance of the public peace by three or more persons.

Sickness - Illness, disease, pregnancy, or Mental Disorder which: (1) is first contracted or conceived while covered under the Policy; (2) is unrelated to any Pre-Existing Condition; and which (3) causes Loss beginning while covered under the Policy. Sickness includes trauma-related disorders due to injuries sustained while insured which otherwise do not meet the definition of Accident.

Sound Natural Teeth - The major portion of the individual tooth which is present, regardless of fillings, and is not carious, abscessed, or defective. Sound natural teeth do not include capped teeth.

We, Us, Our, Sentry, Company - Sentry Life Insurance Company

SECTION D **ACCIDENT AND SICKNESS LIMITATIONS**

1. Sentry will pay 80% of the Covered Charges, not to exceed the Reasonable and Customary charges, for surgical procedures. Surgical benefits include all Doctor charges before and after the surgery. Doctor nonsurgical treatment benefits are not payable for preoperative or postoperative care. Benefits will not exceed the plan benefit limits. Consultant Doctor Services Benefits are paid in addition to surgical benefits.

2. Benefits for Doctor nonsurgical treatment primarily involving Physiotherapy are limited to a maximum of five visits for each Accident or each Sickness.

3. Benefits for Doctor nonsurgical treatment begin with the first visit when Hospital Confined; or for out-patient treatment for an Accident. The first visit for out-patient treatment of a Sickness is not covered. Benefits are limited to one treatment per day.

4. Accident Benefits are paid only if treatment begins within 30 days after the date of the Accident.

5. Benefits for accidental injury to Sound Natural Teeth are payable only if injury comes from outside the mouth. Breaking a tooth while eating is not covered.

6. Hospital Confinement Benefits for Mental Disorders are limited to a maximum of seven days.

7. Each preventive cancer screening procedure is limited to one per consecutive policy year, unless a mammogram is recommended by a Doctor for Insureds having a prior history of breast cancer or whose mother or sister has a prior history of breast cancer. Coverage for screening mammograms will not prejudice coverage for diagnostic mammograms as recommended by the women's Doctor. Benefits will not be paid for the charge of the office visit.

8. Benefits for Out-Patient Diabetes Self-Management Training**,** In Vitro Fertilization, Dental Anesthesia, Colorectal Cancer Screening, Speech and Hearing Treatment, Prostate Cancer Screening and Child Preventive Health Care Services will be paid under the Major Medical Plan only. Benefits for medically necessary Nonsurgical Treatment of Temporomandibular Joint Disorders and Craniomandibular Disorders will be paid under the Major Medical Plan only.

SECTION E **ACCIDENT AND SICKNESS EXCLUSIONS**

This insurance does not cover:

1. Services provided by: (a) any College or University Student Health Service; or (b) by any person employed or retained by such school.

2. Any Accident resulting from: skydiving; parachuting; hang gliding; glider flying; sail planing and similar methods of air travel; flight in any kind of aircraft, except while riding as a passenger on a regularly scheduled commercial airline flight; or the Insured operating a motor vehicle while not properly licensed in any of the United States or the District of Columbia.

3. Loss caused by war or any act of war; or while in the armed forces of any country.

4. Participation in a Riot or a felony.

5. Intentionally self-inflicted injuries.

6. Any expense payable under any Worker's Compensation; Occupational Disease Law; or similar legislation.

7. Treatment in a Federal Hospital, unless the Insured would be legally required to pay for such treatment.

8. Preventive medicines or vaccines, except antitoxins for an Accident. Preventive medicines or vaccines include immunizations required for school admission. This exclusion does not apply to immunizations provided under the Major Medical Child Preventive Health Care Services Benefit provided by the Policy.

9. Elective Treatment or Elective Surgery, except for necessary cosmetic surgery due to an Accident or Reconstructive Breast Surgery as provided by the Breast Reconstruction Benefits.

10. Dental x-rays and dental treatment except for treatment of accidental injury to Sound Natural Teeth and medically necessary Nonsurgical Treatment of Temporomandibular Joint Disorders and Craniomandibular Disorders.

11. Charges for eyeglasses; contact lenses; eye examinations for the correction of vision; fitting of eyeglasses or contact lenses; vision therapy; or surgical correction of refractive errors.

12. Accident sustained while: (a) participating in any interscholastic, professional or semiprofessional sport, or contest; (b) traveling to or from such sport or contest as a participant; or (c) while participating in any practice or conditioning program for such sport or contest.

13. Treatment of alcoholism, drug abuse or chemical dependency.

14. Pre-Existing Conditions during the first 12 months of coverage under the policy, unless insured under a prior health plan that terminated within the 63 days before coverage under the policy began, then credit will be given for the time an Insured was covered under that prior policy.

15. Out-Patient Prescription Drugs.

16. Experimental Treatment.

17. Treatment in your Home Country or country of regular domicile, if other than the United States.

18. Personal convenience items while Hospital Confined.

19. Elective abortions.

20. Durable medical equipment, except as may be specifically covered under certain provisions of the Policy.

SECTION F **COORDINATION OF BENEFITS**

This will not apply to an Insured who is entitled to benefits under Medicare. Benefits under the Policy will be payable to such Insureds without regard to any other health coverage.

DEFINITIONS

Plan - A plan providing medical or dental benefits or services through:

1. Group insurance coverage or any other arrangement of coverage for persons in a group either on an insured or uninsured basis; or

2. A government program other than Medicare or Medicaid.

This Plan - The Policy.

Allowable Expense - Any necessary, Reasonable and Customary item of expense at least partly covered under one of the Plans involved.

Claimant - The person upon whose expenses the claim is made.

Effects on Benefits - Benefits payable under This Plan may be reduced so that the sum of benefits payable under all Plans does not exceed the total Allowable Expense per Claimant per Policy Year.

This Plan will take precedence over another Plan if:

1. The other Plan has a provision which determines its benefits after This Plan; or

2. The rules stated below require benefits under This Plan to be determined first.

The order in which benefits will be paid is as follows:

1. A Plan covering the Claimant as an Insured will pay before a Plan covering the Claimant as a Dependent.

2. A Plan covering the Claimant as a Dependent of a person whose month and date of birth occur earlier in a calendar year will pay before a Plan covering a Claimant as a Dependent of a person whose month and date of birth occurs later in a calendar year.

A Plan which does not contain the standards described above, but instead has a standard based on the gender of the parent, and the Plans do not agree, the standards based upon the gender of the parent will determine the order of benefits.

In case of divorce or separation, benefits for a dependent Child will be paid as follows:

1. A Plan covering the Child as a Dependent of a single parent with custody will pay before a Plan covering the Child as a Dependent of a parent without custody.

2. A Plan covering the Child as a Dependent of a remarried parent with custody will pay before a Plan covering the Child as a Dependent of a stepparent.

3. A Plan covering the Child as a Dependent of a stepparent will pay before a Plan covering the Child as a Dependent of a parent without custody.

4. A Plan covering the Child as a Dependent of a parent with legally established financial responsibility for the Child's medical and dental care will pay before any Plan covering the Child as a Dependent.

If benefits cannot be determined in the above manner, benefits of a Plan covering the Claimant for the longest period of time will pay first.

To determine the length of time a person has been covered under a plan, two plans shall be treated as one if the Claimant was eligible under the second within 24 hours after the first ended.

The start of a new plan does not include:

1. A change in the amount or scope of a Plan's benefits;

2. A change in the entity which pays, provides or administers the Plan's benefits; or

3. A change from one type of plan to another (such as from a single employer Plan to that of a multiple employer Plan).

The Claimants length of time covered under a plan is measured from the Claimant's first date of coverage under the Plan. If that date is not readily available, the date the Claimant first became a member of the group shall be used as the date from which to determine the length of time the Claimant's coverage under the present Plan has been in force.

This provision may reduce the benefits an Insured would normally receive under This Plan. In this case, only benefits actually paid will be charged against the applicable benefit limit of This Plan.

Right To Receive and Release Necessary Information - Sentry may need to obtain or release information in order to carry out the terms of this provision. This involves only information which is needed for this purpose. The information may be obtained or released without the consent of or notice to any person. The Claimant must give Sentry information needed to carry out this provision.

Facility of Payment - It is possible that another Plan may pay benefits which should have been paid by This Plan. In this case, Sentry has the right to pay that organization the amount needed to satisfy this provision. Any amount paid in this manner will relieve Sentry of liability under This Plan up to the extent of those payments.

Right To Recover - If Sentry pays more than is needed to satisfy this provision, we may recover the excess payment from the organization or individual to whom it was made.

SECTION G **POLICY PROVISIONS**

ENTIRE CONTRACT: CHANGES: The Policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in the Policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change the Policy or to waive any of its provisions.

NOTICE OF CLAIM: Written notice of injury or of Sickness upon which claim may be based must be given to the Company at its Home Office, Stevens Point, Wisconsin, within 90 days after the occurrence or commencement of any Loss covered by the Policy, or as soon thereafter as is reasonably possible.

Notice given by or on behalf of the Insured or the beneficiary to the Company, at its Home Office, Stevens Point, Wisconsin, or to any authorized agent of the Company, with information sufficient to identify the Insured, shall be deemed notice to the Company.

CLAIM FORMS: The Company, upon receipt of a written notice of claim will furnish to the claimant such forms as are usually furnished by it for filing proofs of Loss. If such forms are not furnished within 15 days after giving of such notice the claimant shall be deemed to have complied with the requirements of the Policy as to proof of Loss upon submitting, within the time fixed in the Policy for filing proofs of Loss, written proof covering the occurrence, the character and the extent of the Loss for which claim is made.

PROOFS OF LOSS: Written proof of Loss must be furnished to the Company at its said Office, in case claim for Loss for which the Policy provides any periodic payment contingent upon continuing Loss, within 90 days after the termination of the period for which the Company is liable and in case of claim for any other Loss within 90 days after the date of such Loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claims if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

TIME OF PAYMENT OF CLAIM: Indemnities payable under the Policy will be paid as they accrue immediately upon receipt of due written proof of such Loss.

PAYMENTS OF CLAIMS: All or a portion of any Medical Expense Benefits provided by the Policy on account of hospital, nursing, surgical or other medical service may, at the Company's option, and unless the Insured requests otherwise in writing not later than the time for filing proof of such Loss, be paid directly to the Hospital or person rendering such services.

PHYSICAL EXAMINATION AND AUTOPSY: The Company at its own expense shall have the right and opportunity to examine the person of any individual whose injury or Sickness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.

LEGAL ACTIONS: No action at law or in equity shall be brought to recover on the Policy prior to the expiration of 60 days after written proof of Loss has been furnished in accordance with the requirements of the Policy. No such action shall be brought after the expiration of three years after the written proof of Loss is required to be furnished.

CONFORMITY WITH STATE STATUTES: Any provision of the Master Policy which, on its effective date, is in conflict with the statutes of the state in which the Policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statutes.

SERFF Tracking Number:	*SELX-G127090683*	*State:*	*Arkansas*
Filing Company:	*SENTRY LIFE INSURANCE COMPANY*	*State Tracking Number:*	*48300*
Company Tracking Number:	*AR017960400022*		
TOI:	*H06 Health - Conversion*	*Sub-TOI:*	*H06.000 Health - Conversion*
Product Name:	*Conversions*		
Project Name/Number:	*SSSP Conversion Product /AR017960400022*		

Rate Information

Rate data applies to filing.

Filing Method:	Prior Approval
Rate Change Type:	%
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
SENTRY LIFE INSURANCE COMPANY	New Product	%	%				%	%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								1
Policy Holders:								1

SERFF Tracking Number:	*SELX-G127090683*	*State:*	*Arkansas*
Filing Company:	*SENTRY LIFE INSURANCE COMPANY*	*State Tracking Number:*	*48300*
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Product Name:	*Conversions*		
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Rate Review Details

SERFF Tracking Number:	*SELX-G127090683*	*State:*	*Arkansas*
Filing Company:	*SENTRY LIFE INSURANCE COMPANY*	*State Tracking Number:*	*48300*
Company Tracking Number:	*AR017960400022*		
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Product Name:	*Conversions*		
Project Name/Number:	*SSSP Conversion Product /AR017960400022*		

An error occurred rendering Rate Schedule 126583038: null.

SERFF Tracking Number:	*SELX-G127090683*	*State:*	*Arkansas*
Filing Company:	*SENTRY LIFE INSURANCE COMPANY*	*State Tracking Number:*	*48300*
Company Tracking Number:	*AR017960400022*		
TOI:	*H06 Health - Conversion*	*Sub-TOI:*	*H06.000 Health - Conversion*
Product Name:	*Conversions*		
Project Name/Number:	*SSSP Conversion Product /AR017960400022*		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved-Closed 04/21/2011	AR SSSP Conversion Policy Rates	180-1452	New		AR Rates for SSSP Conv Policy.PDF

Sentry Student Security Plan
Limited Benefit Health Conversion Rates
Arkansas

Persons Insured	Age	Monthly Premium Rates Plan I	Plan II	Catastrophic Option
Student	24 & Under	$35	$88	$25
	25 - 34	$46	$123	$27
	35-44	$56	$178	$34
	45 & Over	$83	$333	$50
Student & Spouse	24 & Under	$134	$374	$50
	25 - 34	$146	$409	$54
	35-44	$155	$463	$63
	45 & Over	$182	$619	$88
Student, Spouse & Children	24 & Under	$214	$609	$67
	25 - 34	$225	$644	$71
	35-44	$235	$699	$80
	45 & Over	$262	$854	$105
Student & Children	24 & Under	$115	$323	$42
	25 - 34	$126	$358	$44
	35-44	$136	$413	$51
	45 & Over	$162	$568	$67

SERFF Tracking Number:	*SELX-G127090683*	*State:*	*Arkansas*
Filing Company:	*SENTRY LIFE INSURANCE COMPANY*	*State Tracking Number:*	*48300*
Company Tracking Number:	*AR017960400022*		
TOI:	*H06 Health - Conversion*	*Sub-TOI:*	*H06.000 Health - Conversion*
Product Name:	*Conversions*		
Project Name/Number:	*SSSP Conversion Product /AR017960400022*		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	04/21/2011

Comments:
The application to be used with the health conversion policy is included with this filing for your review. Please refer to the Forms Schedule tab for the application.

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	04/21/2011

Bypass Reason: This item is not applicable to this filing. This filing is not PPACA-related.

Comments:

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	04/21/2011

Comments:
The Outline of Coverage is included with this filing. Please refer to the Form Schedule tab. Thank you.

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	04/21/2011

Comments:

Attachment:
AR - READABILITY CERTIFICATION.PDF

STATE OF ARKANSAS

READABILITY CERTIFICATION

COMPANY NAME: SENTRY LIFE INSURANCE COMPANY

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
180-1451	50.4
180-1452	43.5
180-1438	56.3
180-1457	40.6

Signed: William O'Reilly

Name: William O'Reilly

Title: Secretary

Date: 3-22-2011